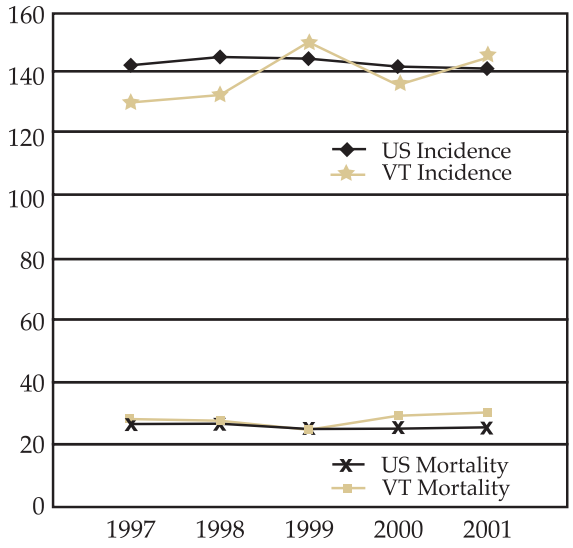
BREAST CANCER
In Vermont

Among women, breast cancer is the most commonly diagnosed cancer and a leading cause of cancer death in the United States.

Nationally, breast cancer accounts for 16 percent of all cancer deaths among women, and a woman's risk for developing breast cancer in her lifetime is one in seven.

Breast cancer in men accounts for less than one percent of breast cancers diagnosed nationally. Because male breast cancer is a rare occurrence, only female breast cancer is emphasized in this report.

BREAST CANCER INCIDENCE AND MORTALITY
per 100,000 females



Breast cancer is a malignant cell growth in the breast. A woman's breast is made up of lobules, ducts, fatty and connective tissue, blood vessels, and lymph vessels. Breast cancer can begin in the lobules, ducts, or in the other tissue of the breast, and if left untreated, the cancer can spread to other parts of the body.

Incidence
Breast cancer is the most common cancer diagnosed in women. Each year in Vermont, approximately 465 female breast cancer cases are diagnosed.

Mortality
Breast cancer is the second leading cause of cancer death among women. Each year in Vermont, approximately 97 women die from breast cancer.

Vermont vs. U.S.
Breast cancer incidence and mortality rates for Vermont women are not significantly different compared to U.S. rates among white women.

Yearly Trends
In the U.S., while breast cancer mortality significantly decreased from 1997 to 2001, there has been no significant change in breast cancer incidence. In Vermont, there has been no significant change in breast cancer incidence or mortality.

Age
The incidence of breast cancer, as with many cancers, is extremely low in childhood and increases dramatically with age. Breast cancer is most often found women over the age of 50. Vermont women aged 75-79 have the highest age-specific incidence rate of breast cancer, 477.2 per 100,000. Women aged 70-74

BREAST CANCER
In Vermont

have a significantly lower incidence rate than the U.S. All other Vermont age groups are not significantly different than the U.S.

County
Breast cancer incidence rates for women in Addison County are significantly higher than the U.S. SEER rate. The breast cancer incidence rates for women in Franklin, Orleans, and Windham counties are significantly lower than the U.S. SEER rate. There are no significant differences in breast cancer mortality rates by county in Vermont compared to the U.S.

Stage
In Vermont, 65 percent of breast cancers are diagnosed at the localized stage, and 3 percent of breast cancers are diagnosed at the distant stage. According to national survival data, 98 percent of women with localized breast cancer survive for at least five years, and 27 percent of women diagnosed with distant breast cancer survive for at least 5 years.

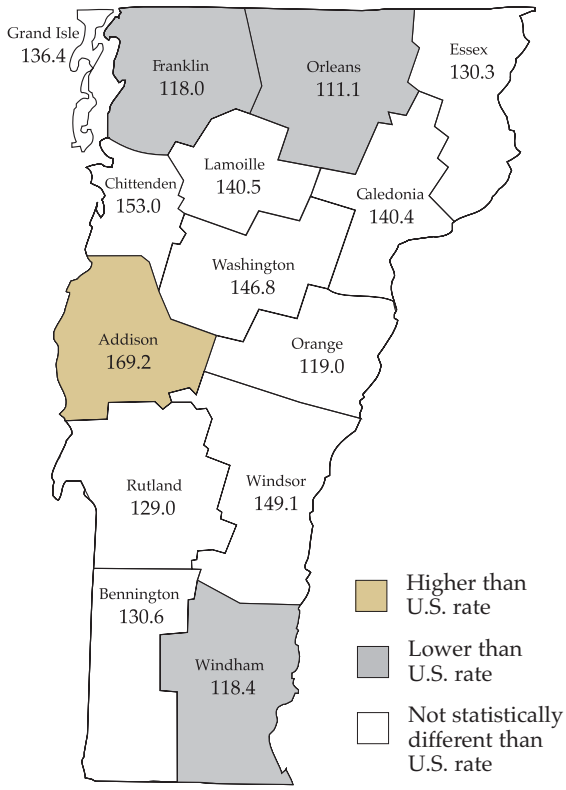
Screening
The Healthy Vermonters 2010 Objective is to increase the percentage of women (age 40+) who have had a mammogram in the preceding two years. In 2004, 75 percent of Vermont women 40 and older had a mammogram in the preceding two years (Goal: 70%).

Risk Factors
While many factors have been associated with breast cancer, most only relate to a moderate increase in risk. This suggests that multiple factors may play a role in each woman's disease and that unrecognized factors may exist.

Age
Breast cancer incidence increases with age. Nationally, most women who get breast cancer are over age 50. Women over age 60 are at greatest risk.

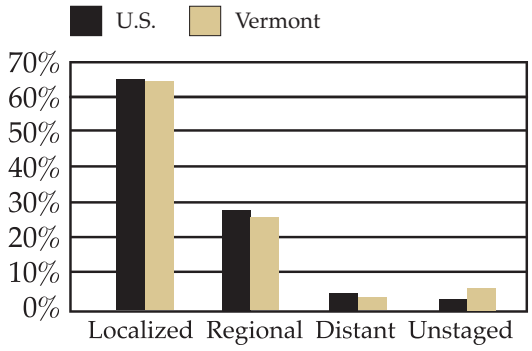
Hormonal Factors
Women who began menstruation at an early age, before 12 years old, or who began menopause after age 55 have an increased risk of developing breast cancer. The use of menopausal hormone therapy drugs for five or more years

BREAST CANCER INCIDENCE BY COUNTY per 100,000 females, 1997-2001



BREAST CANCER
In Vermont

BREAST CANCER INCIDENCE BY STAGE
percentage of new female cases, 1997-2000



may increase a woman's risk of developing breast cancer. Having a first child after the age of 35, or never bearing children, can increase a woman's risk for developing breast cancer.

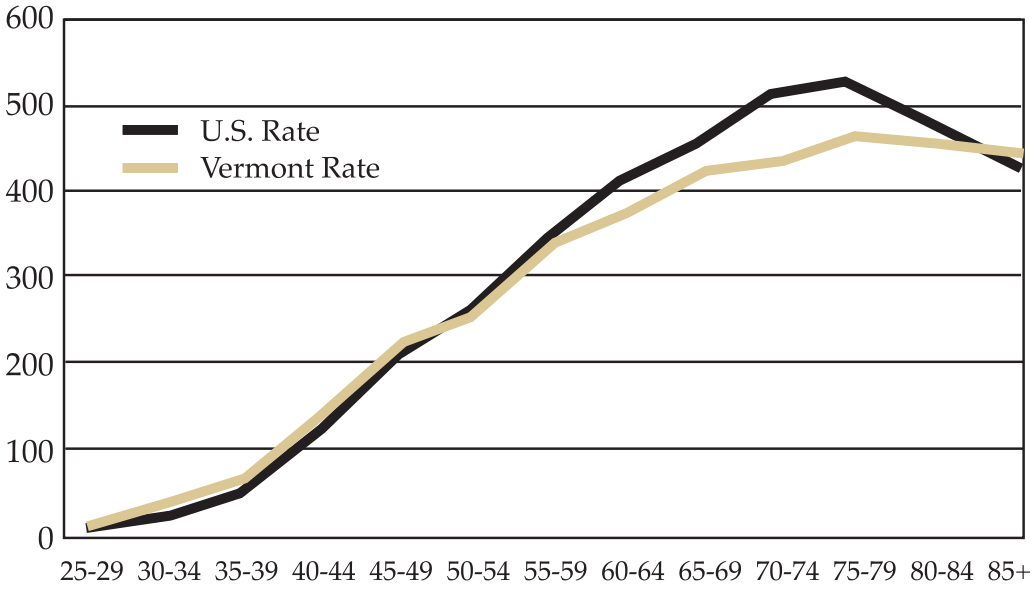
Family History and Genetics

Women who have had breast cancer or have a mother, sister, or daughter with breast cancer, have an increased risk. Women who inherit specific genes are at a greater risk for developing breast cancer. Research is underway to develop methods of identifying high-risk genes.

Diet and Lifestyle

Diet is being studied as a risk factor for breast cancer. Studies show that women

BREAST CANCER INCIDENCE BY AGE
per 100,000 females, 1997-2001



BREAST CANCER
In Vermont

are more likely to die of breast cancer if they consume a diet high in fat, but it is not known if a diet low in fat will prevent breast cancer. Studies suggest that the consumption of alcohol is associated with a slight increase in risk. Postmenopausal weight gain, especially after natural menopause and after age 60, may increase breast cancer risk.

Prevention and Screening

Currently, there is no way to prevent breast cancer, only ways to reduce a person's risk. Exercise, especially in young women, may decrease hormone levels and contribute to decreased breast cancer risk. Breast feeding may also decrease a woman's risk of breast cancer.

Early detection is the goal of breast cancer screening. If breast cancer is diagnosed at an earlier stage, the chances for survival are greater. Mammography, combined with clinical breast exam, is the most effective means of early detection. It is recommended that women have a mammogram every 1-2 years beginning at age 40.

BREAST CANCER IN VERMONT COMPARED TO U.S.

Age-Adjusted rates of female breast cancer, Vermont and the U.S., 1997-2001

	Incidence	**Mortality**
Vermont	138.6 *(133.0, 144.4)*	*27.7 (25.3, 30.4)*
U.S.	143.2	26.5

CERVICAL CANCER
In Vermont

Nationally over the past 40 years, the incidence of invasive cervical cancer has decreased significantly. This decrease is due to the introduction of the Papanicolaou (Pap) test and the treatment of precancerous cervical lesions.

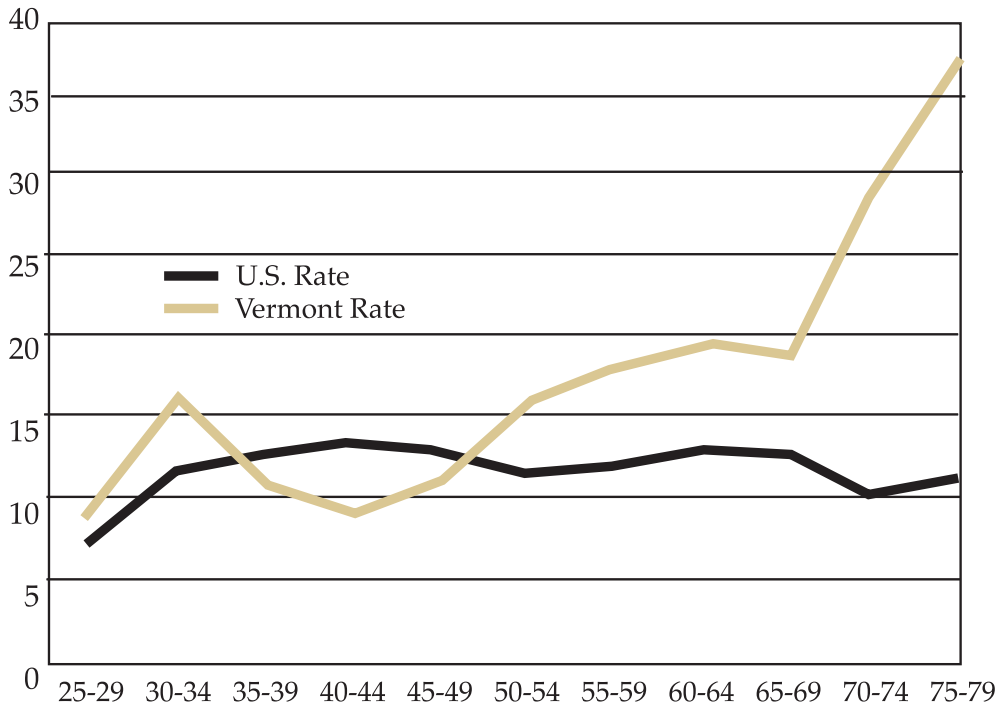
Cervical cancer is a condition in which cells in the lining of the cervix (the lower, narrow end of the uterus, or womb) go through abnormal changes. These pre-cancer cell changes can progress to cancer and will start to grow and spread more deeply into the cervix and to surrounding areas.

Incidence
Cervical cancer is the tenth most commonly diagnosed cancer in women. Approximately 31 Vermont women are diagnosed with cervical cancer each year.

Mortality
Cervical cancer is ranked twelfth in causes of cancer deaths in women. Approximately 10 Vermont women die with cervical cancer annually.

Vermont vs. U.S.
Cervical cancer incidence rates for

CERVICAL CANCER INCIDENCE BY AGE
per 100,000 females, 1997-2001



CERVICAL CANCER
In Vermont

Vermont women are significantly higher than the U.S. The Vermont cervical cancer mortality rates are not significantly different compared to the U.S.

> While both the incidence and mortality of cervical cancer have decreased in the U.S., there has been no significant change in cervical cancer incidence or mortality in Vermont.

Age

Women of all ages are at risk for cervical cancer. In Vermont, 94 percent of newly diagnosed cervical cancer cases are in women age 30 and older; 30 percent of these cases are in women 65 and older. Women aged 75-79 have the highest age-specific incidence of cervical cancer. Women aged 70-74 have a significantly higher incidence rate compared to the U.S., and the rates of all other Vermont age groups are not significantly different than the U.S.

Stage

In Vermont, 63 percent of cervical cancers are diagnosed at the localized stage, and 9 percent are diagnosed at the distant stage. National survival data show that 93 percent of women diagnosed with localized cervical cancer survive for at least five years, while 18 percent of women diagnosed with distant cervical cancer survive for at least 5 years. The cervical cancer incidence rate for Vermont women age 65 and older, with localized stage, is 10.1 per 100,000 women. This is significantly higher than the U.S. rate of 4.1 per 100,000.

Screening

The Healthy Vermonters 2010 Objective is to increase the percentage of women (age 18+) who have had a Pap test in the preceding three years. In 2004 in Vermont, 87 percent of women (age 18+) had a Pap test in the preceding three years (Goal: 90%).

Risk Factors

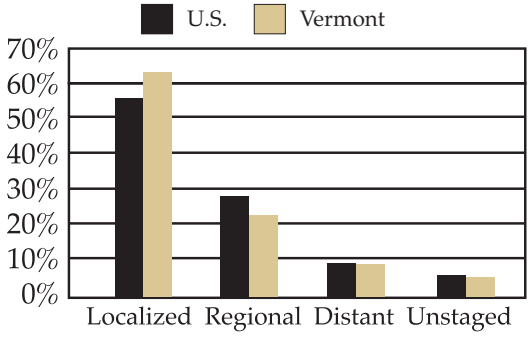
Many cases of cervical cancer are associated with known risk factors for the disease. Some of the risk factors cannot be avoided, but many can.

HPV Infection

Cervical infection with human papillomavirus (HPV) is the primary risk factor for cervical cancer. However, HPV infection is very common and only a very small number of women infected with untreated HPV will develop cervical cancer.

CERVICAL CANCER INCIDENCE BY STAGE

percentage of new female cases, 1997-2000



CERVICAL CANCER
In Vermont

Sexual History
Women who begin having sexual intercourse at an early age and women who have had many sexual partners are at greater risk of HPV infection and developing cervical cancer.

Reproductive History
Having seven or more full-term pregnancies increases the risk of cervical cancer.

Oral Contraceptives
Use of oral contraceptives for 5 or more years increases the risk of cervical cancer.

Smoking
Women who smoke are twice as likely as nonsmokers to develop cervical cancer.

Prevention and Screening
Receiving regular gynecological exams and Pap tests helps to prevent cervical cancer. Abnormal changes in the cervix can be found by the Pap test and treated before cancer develops. Women who do not regularly have Pap tests have an increased risk of cervical cancer.

Early detection increases the chances of long-term survival by diagnosing the cancer at an early and more treatable stage. All women should begin cervical cancer screening about 3 years after they begin having vaginal intercourse, but no later than age 21. Screening should be done every year with the regular Pap test or every 2 years using the newer liquid-based Pap test. Beginning at age 30, women who have had 3 normal Pap test results in a row may get screened every 2 to 3 years.

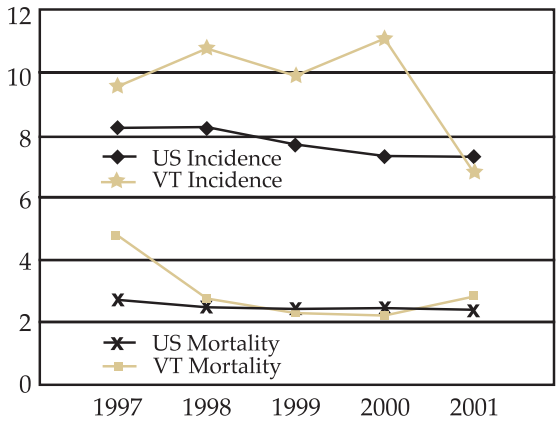
CERVICAL CANCER IN VERMONT COMPARED TO U.S.

Age-Adjusted rates of female cervical cancer, Vermont and the U.S., 1997-2001

	Incidence	Mortality
Vermont	9.7 *(8.2, 11.3)*	3.0 *(2.2, 4.0)*
U.S.	7.8	2.6

CERVICAL CANCER INCIDENCE AND MORTALITY

per 100,000 females



COLORECTAL CANCER
In Vermont

Nationally, colorectal cancer is the third most common cancer and the third leading cause of cancer-related mortality.

Located within the digestive system, the colon and rectum make up the large bowel, or large intestine. The colon refers to the upper five to six feet of the large intestine and the rectum refers to the last five to six inches. Because of similarities between cancer of the colon and rectum, they are often grouped as colorectal cancer.

Incidence
In Vermont, colorectal cancer is the third most common cancer diagnosed in men and the second most common cancer diagnosed in women. Each year, approximately 173 colorectal cancer cases are diagnosed in men, and 186 colorectal cancer cases are diagnosed in women.

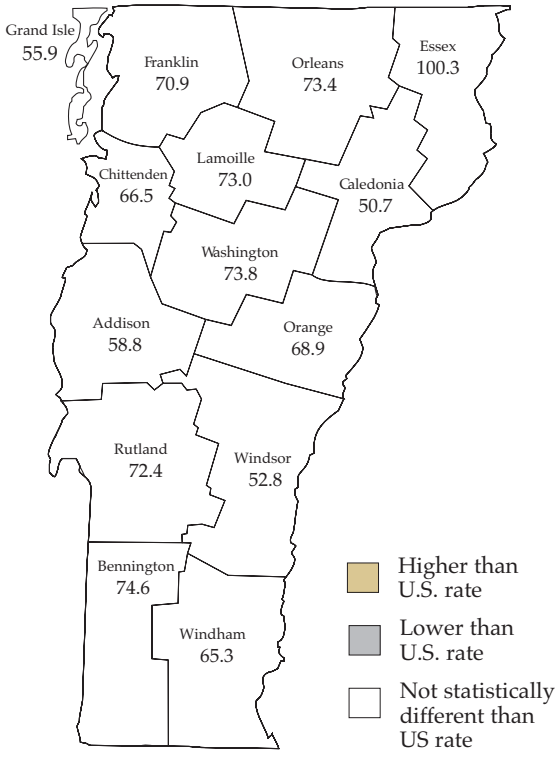
Mortality
Colorectal cancer is the third leading cause of cancer death in both men and women. Each year in Vermont, approximately 72 women and 62 men die from colorectal cancer.

Vermont vs. U.S.
Vermont women have significantly higher rates of colorectal cancer incidence and mortality compared to U.S. white women. Rates among Vermont men do not differ significantly from the U.S. white rates. In Vermont, colorectal cancer is the second most common cancer diagnosed in women, while in the United States, colorectal cancer is ranked third.

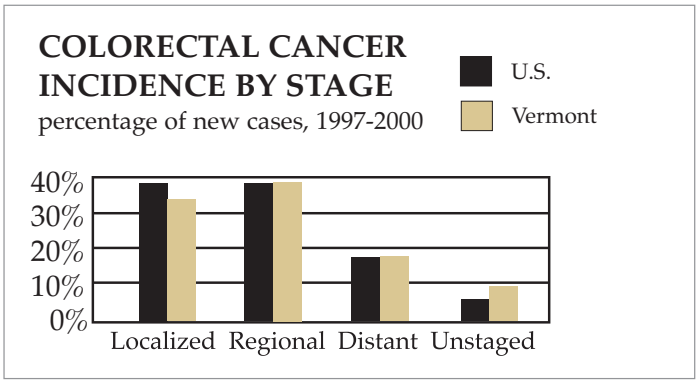
Yearly Trends
While both the incidence and mortality rates of colorectal cancer have decreased between 1997 and 2001 in the United States, there has been no significant change in colorectal cancer incidence or mortality rates in Vermont.

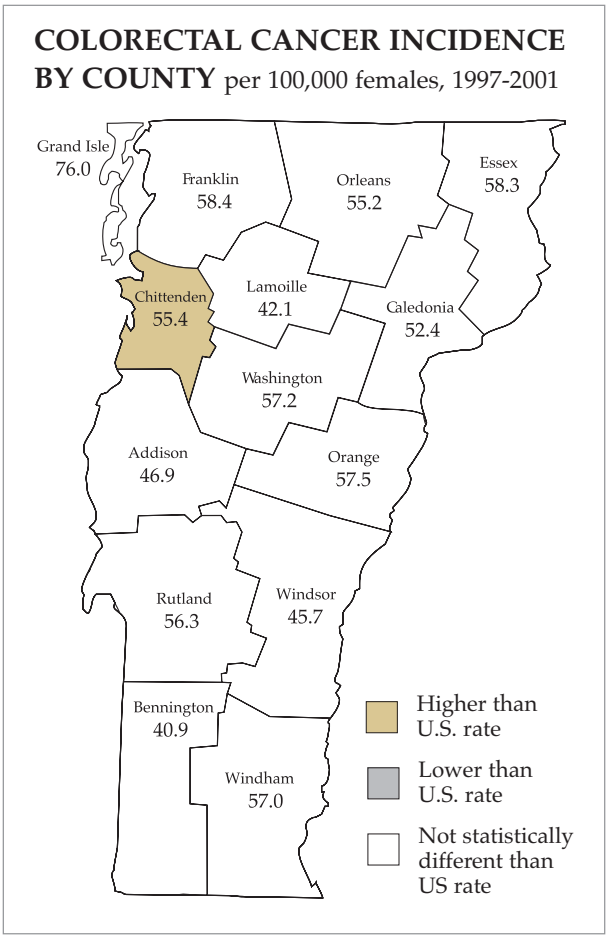
Gender
In Vermont, both incidence and mortality rates of colorectal cancer are about 1.3 times higher among men than women.

COLORECTAL CANCER INCIDENCE BY COUNTY per 100,000 males, 1997-2001



COLORECTAL CANCER
In Vermont





Age

The incidence of colorectal cancer, as with many cancers, is extremely low in childhood and increases dramatically with age. More than 90 percent of colorectal cancer cases are diagnosed in people aged 50 and over. In Vermont, people aged 85 and over have the highest age-specific incidence rates of colorectal cancer. Men aged 85 and older have a colorectal cancer incidence rate of 622.1 per 100,000. Women aged 85 and older have a colorectal cancer incidence rate of 426.9 per 100,000.

County

The colorectal cancer incidence rate for females in Chittenden County is significantly higher than the U.S. female white rate. For males, there are no significant differences between Vermont county colorectal cancer incidence rates and the U.S. male white rate.

Stage

In Vermont, only 34.3 percent of colorectal cancers are diagnosed at the localized stage, which is significantly lower than the U.S. (38.6 percent). National survival data have shown that 90 percent of people who have colorectal cancer diagnosed in a localized stage survive their cancers for at least five years. Over half, or 56.5 percent, of colorectal cancers are diagnosed in late stage (either regional or distant) in Vermont. Nationally, 10 percent of people diagnosed in the distant stage survive colorectal cancer for at least five years.

Screening

Of Vermont adults aged 50 and over, 59 percent have been screened for

colorectal cancer, either with an FOBT in the past year or sigmoidoscopy or colonoscopy within the past five years. Goals for increasing the percentage of Vermonters screened for colorectal cancer are being revised to be more consistent with current best practices.

Risk Factors

The exact cause of most colorectal cancers is unknown. Researchers have found several risk factors that increase a person's chance of getting colorectal cancer.

Family History

People with a close relative (parent, brother, sister or child) who have had colorectal cancer have an increased risk of developing it.

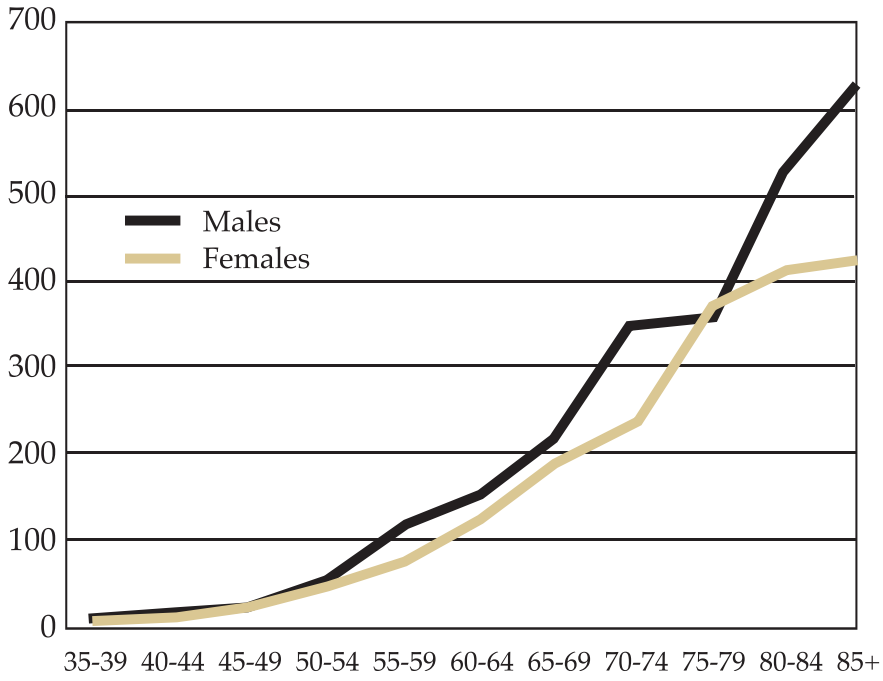
Certain Family Syndromes

In some families, members tend to get a type of syndrome that involves having hundreds of polyps in their colon or rectum. Cancer can develop in one or more of these polyps.

Ethnic Background

Jews of Eastern European descent

COLORECTAL CANCER INCIDENCE BY AGE
per 100,000 Vermonters, 1997-2001



COLORECTAL CANCER
In Vermont

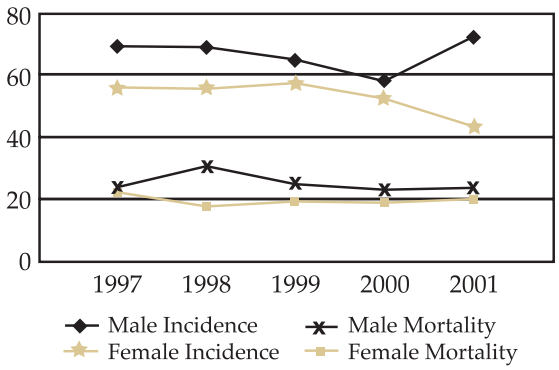
(Ashkenazi Jews) have a higher rate of colon cancer.

Previous colorectal cancer

Even if a person's colorectal cancer has been completely removed, new cancers may start in other areas of the colon or rectum.

COLORECTAL CANCER INCIDENCE AND MORTALITY

per 100,000 Vermonters, 1997-2001



COLORECTAL CANCER IN VERMONT COMPARED TO U.S.

Age-Adjusted rates of colorectal cancer, Vermont and the U.S., 1997-2001

	Incidence	Mortality
VT Males	67.0 *(62.5, 71.7)*	25.7 *(22.8, 28.9)*
U.S.	64.4	24.6
VT Females	53.1 *(49.7, 56.6)*	19.9 *(17.9, 22.1)*
U.S.	46.8	17.2

Polyps

Polyps are growths on the inner wall of the colon or rectum. They are common in people over the age of 50. Most polyps are benign (non-cancerous) growths, but some types of polyps increase the risk of colorectal cancer, especially if they are large or if there are many of them. Screening to find and remove polyps may reduce the risk of developing colorectal cancer.

Prevention and Screening

Some studies suggest that a diet low in fat and calories and high in fiber can help prevent colorectal cancer. Individuals can lower their risk of colorectal cancer by being more physically active, eating more vegetables, and getting regular screening tests.

Research shows that colorectal cancer develops gradually from benign polyps. Polyps detected by sigmoidoscopy or colonoscopy can be removed before they become malignant. Screening recommendations for people age 50 and over:

- Fecal occult blood test (FOBT) every year
- Sigmoidoscopy every 5 years
- FOBT annually and sigmoidoscopy every 5 years
- Colonoscopy every 10 years
- Double-contrast barium enema every 5-10 years.

LUNG CANCER
In Vermont

Lung cancer causes more deaths per year in Vermont than breast, prostate, and colorectal cancers combined. In Vermont, it is the second leading cause of new cancer cases for men, and the third leading cause of new cancers cases for women.

> Lung cancer is the leading cause of cancer death in the United States and in Vermont.

There are two main categories for lung cancer, non-small cell cancer and small cell cancer, also called oat cell cancer because of the cells' resemblance to grains of oats. The aggressiveness of the disease and the treatment options depend upon which type of cancer is diagnosed. Because many types of lung cancer can grow and spread quickly, early detection and prompt treatment are important.

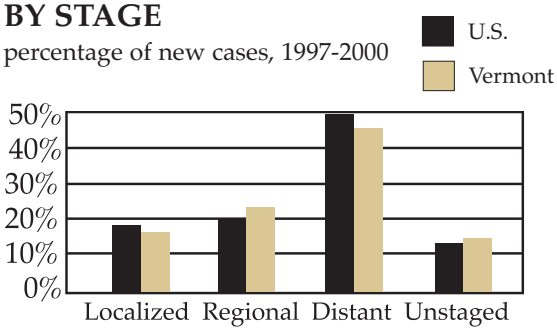
Incidence
Each year in Vermont, approximately 245 lung cancers are diagnosed in men and 176 lung cancers are diagnosed in women.

Mortality
Each year in Vermont, approximately 205 men and 135 women die from lung cancer.

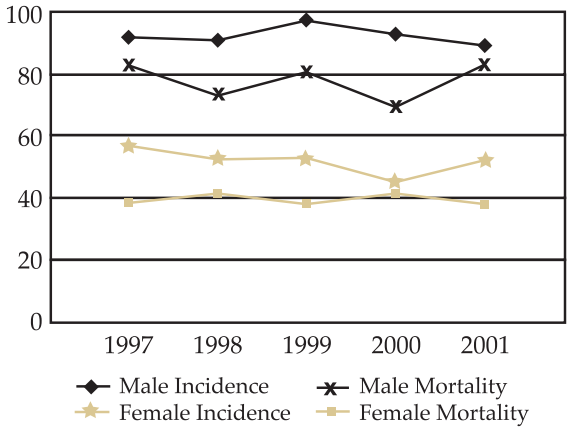
Vermont vs. U.S.
Vermont men have a significantly higher incidence rate of lung cancer than U.S. white men. Incidence rates among Vermont women do not differ significantly from the U.S. white female rates. Vermont lung cancer mortality rates are not significantly different from the U.S. white rates.

Yearly Trends
While the incidence of lung cancer has significantly decreased in the United States for both men and women during 1997-2001, there has been no significant

LUNG CANCER INCIDENCE BY STAGE
percentage of new cases, 1997-2000



LUNG CANCER INCIDENCE AND MORTALITY
per 100,000 Vermonters, 1997-2001



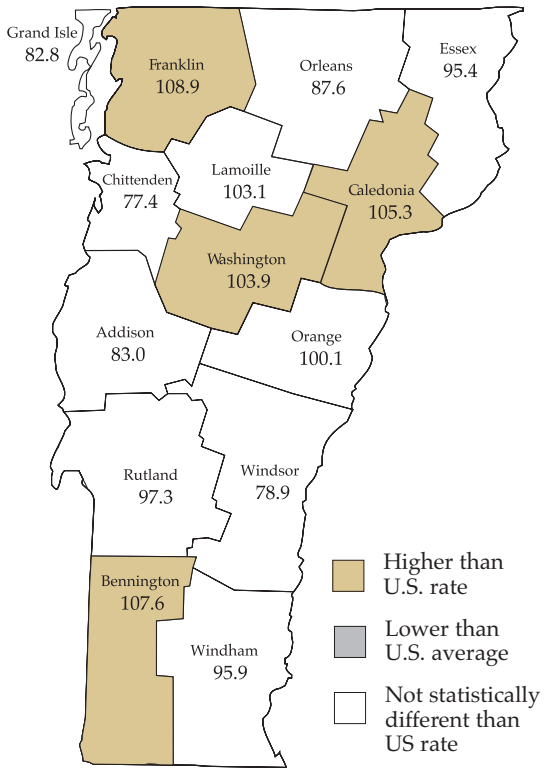
change in Vermont during the same time period.

There was no significant change in male or female lung cancer mortality in Vermont. In the U.S. male mortality rates decreased significantly, and female mortality rates did not significantly change.

Gender

In Vermont, the incidence of lung cancer is about 1.8 times higher among men than women, and the mortality of lung cancer is about 2 times higher among men than women.

LUNG CANCER INCIDENCE BY COUNTY
per 100,000 males, 1997-2001



Age

Incidence of lung cancer increases with age. In Vermont , 88 percent of lung cancer cases occur in those over age 55. Men aged 75-79 have the highest age-specific incidence of lung cancer, at a rate of 662.7 per 100,000. Women aged 70-74 have the highest age-specific incidence of lung cancer, at a rate of 316.5 per 100,000.

County

Lung cancer incidence rates for females in Windsor County are significantly lower than the U.S. female white rate. Lung caner incidence rates for males in Bennington, Caledonia, Franklin, and Washington County are significantly higher than the U.S. male white rate.

Stage

In Vermont, nearly half, 46.4 percent, of all lung cancers are diagnosed at the distant stage. National survival data have shown that 2 percent of people diagnosed in the distant stage survive lung cancer for at least five years.

Risk Factors

Tobacco

Smoking tobacco products in any form is the major cause of lung cancer. An estimated 87 percent of all lung cancer cases in the U.S. are attributable to smoking. The more a person smokes, the more they increase their risk of developing lung cancer. People who smoke 2 packs or more per day are

LUNG CANCER
In Vermont

nearly 20 times more likely to develop cancer than nonsmokers. People who don't smoke but who breathe the smoke of others also have a higher risk of lung cancer.

Lung cancers diagnosed today reflect people's smoking habits of decades ago. The incidence rate of lung cancer is highest among people 65 and older both in the U.S. and in Vermont. Even though the incidence of lung cancer is highest in this age group, Vermont adults age 18 to 24 have the highest smoking rate, 29 percent. The latency period is shown by the higher lung cancer incidence rates in the people age 65 and over.

Asbestos

Asbestos is a natural material made of tiny fibers that are used in certain industries. People who work with asbestos have a higher risk of getting lung cancer. If they smoke as well, the risk is greatly increased. Although asbestos was used for many years, the government has now regulated its use in the workplace and in home products. While it is still present in many buildings, it is not thought to be harmful as long as it is not released into the air.

Radon

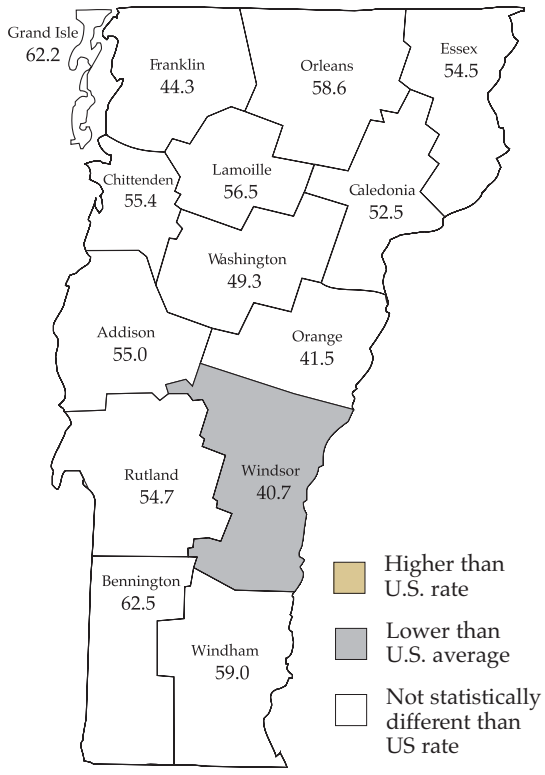
Radon is an invisible, odorless, radioactive gas made by the natural breakdown of uranium, which can be found in the soil. Exposure to radon gas in the home accounts for about nine percent of lung cancer deaths in the U.S. Radon can become concentrated indoors and create a possible risk for cancer. Smokers are especially sensitive to the effects of radon.

Prevention and Screening

> The single most effective way to prevent lung cancer is to never start smoking. The second is to quit.

Quitting smoking greatly reduces the risk of developing lung cancer, although the chances of developing

LUNG CANCER INCIDENCE BY COUNTY
per 100,000 females, 1997-2001



LUNG CANCER
In Vermont

lung cancer are still greater for an ex-smoker than for a person who has never smoked at all. Ten years after quitting, the risk or lung cancer among former smokers is about half of the risk for people who continue to smoke.

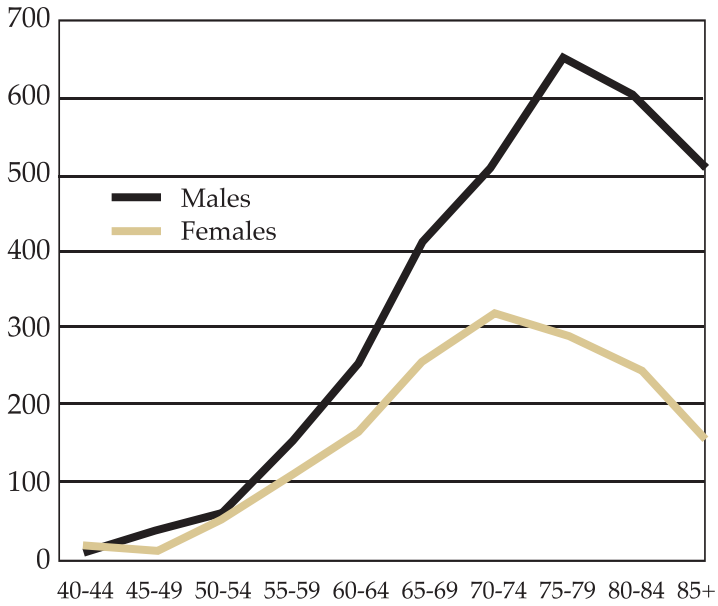
As part of the Healthy Vermonters 2010 objectives, Vermont set a goal to reduce the percentage of adults (18+) who smoke cigarettes. Vermont also set a goal to increase the smoking cessation attempts by adult smokers. The 2004 Vermont Behavioral Risk Factor Surveillance System data show that of Vermonters age 18 and over:

- 20 percent of Vermont adults currently smoke. (Goal: 12 percent)
- 58 percent of current smokers have attempted to quit smoking at least once in the past year. (Goal: 75 percent)

Currently, there are no screening tests for lung cancer that have been clinically proven to help improve survival. However, there are many studies currently underway to develop an accurate screening tool.

LUNG CANCER INCIDENCE BY AGE

per 100,000 Vermonters, 1997-2001



LUNG CANCER
In Vermont

LUNG CANCER IN VERMONT COMPARED TO U.S.

Age-Adjusted rates of lung cancer, Vermont and the U.S., 1997-2001

	Incidence	Mortality
VT Males	92.8 *(87.6, 98.3)*	78.2 *(73.4, 83.4)*
U.S.	64.4	76.2
VT Females	52.3 *(48.9, 55.9)*	39.4 *(36.4, 42.5)*
U.S.	53.5	41.5

FOR MORE INFORMATION Contact Vermont's online quit-smoking services at www.VermontQuitNet.com, or call the Vermont Quit Line (toll-free, 1-877-YES-QUIT or 877-937-7848) or the Ready, Set.... STOP program at your local hospital.

FOR RADON INFORMATION please visit: www.healthyvermonters.info/hp/rad/radon.shtml.

MELANOMA
In Vermont

In the United States and Vermont, melanoma of the skin is the fifth most commonly diagnosed cancer in men and women.

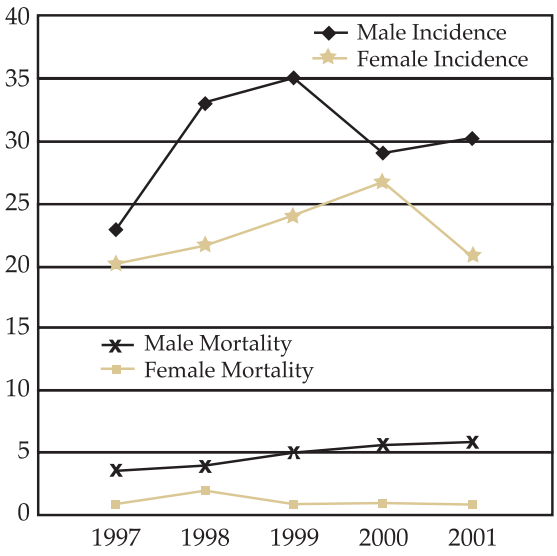
Nationally, the number of new cases of melanoma has more than doubled in the past 30 years.

The two most common forms of skin cancer are basal cell and squamous cell carcinoma. Although more than a million new cases of these non-melanomas are estimated to occur each year in the U.S., cancer registries do not routinely track them. Non-melanomas rarely spread elsewhere in the body and are less likely than melanomas to be fatal.

Melanoma is a form of skin cancer that occurs in the cells in the outer layer of skin that gives skin its tan coloring.

Melanomas are the most serious form of skin cancer. Melanoma can be treated early, but if left untreated, a majority of melanomas will eventually spread to other parts of the body and become much more difficult to treat.

MELANOMA INCIDENCE AND MORTALITY
per 100,000 Vermonters, 1997-2001



Incidence
Each year in Vermont, an average of 84 men and 73 women are diagnosed with melanoma.

Mortality
Each year in Vermont, approximately 13 men and 6 women die from melanoma.

Vermont vs. U.S.
Melanoma incidence rates for Vermont men and women are significantly higher compared to the U.S. white rates. Mortality rates among Vermont men and women do not differ significantly from the U.S. white mortality rates.

Yearly Trends
From 1997 to 2001, there has been no significant change in male or female melanoma incidence in Vermont. In the U.S., white male incidence rates increased significantly, and white female incidence rates did not change. From 1997 to 2001, there has been no significant change in male or female melanoma mortality rates among U.S. whites. In Vermont, the male mortality

MELANOMA
In Vermont

rates have increased significantly, and female rates have not changed.

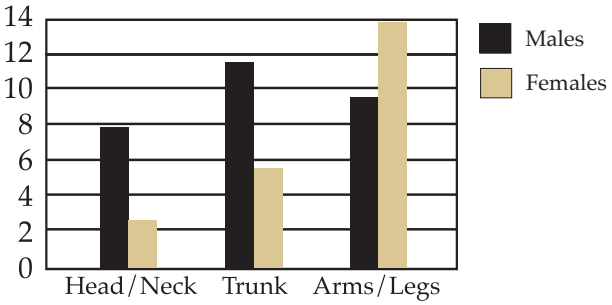
Gender
In Vermont, both incidence and mortality of melanoma are higher among males than females. The incidence of melanoma is about 1.3 times higher among men than women, and the mortality of melanoma is about three times higher among men than women. Melanoma is more likely to occur on the head, neck or trunk in men. In women, melanoma is more likely to be found on the arms and legs.

Age
Incidence of melanoma cancer increases with age. In Vermont, 95 percent of melanoma cases are diagnosed in people age 30 and older. In the 30-39 age group, the incidence of melanoma is over three times higher among women than men. The melanoma incidence rates for men aged 70 and over are significantly higher than women aged 70 and over. Men aged 85 and older have the highest age-specific incidence of melanoma.

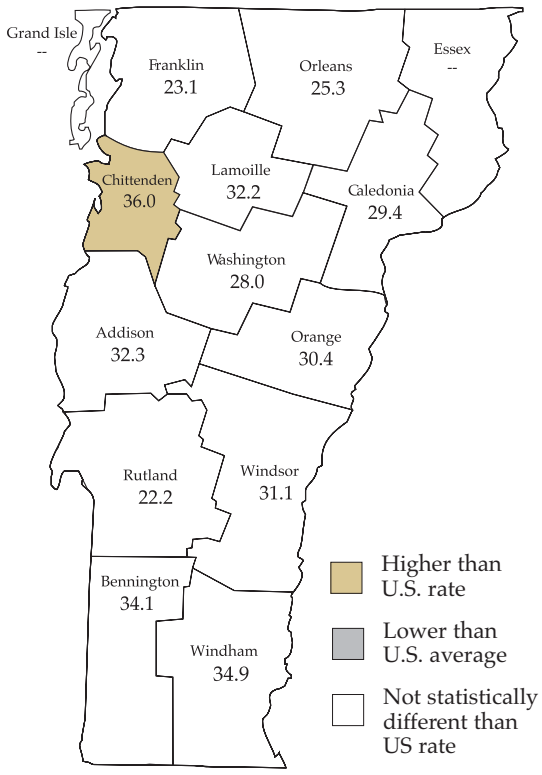
County
Melanoma incidence rates for males in Chittenden County are significantly higher than the U.S. white male rate. For females, melanoma incidence rates in Bennington, Chittenden, and Lamoille counties are significantly higher than the U.S. white female rate.

Risk Factors
The chance of developing melanoma increases with age, but the condition

MELANOMA SUBSITE BY GENDER
per 100,000 Vermonters, 1997-2001



Melanoma Incidence by County
per 100,000 males, 1997-2001



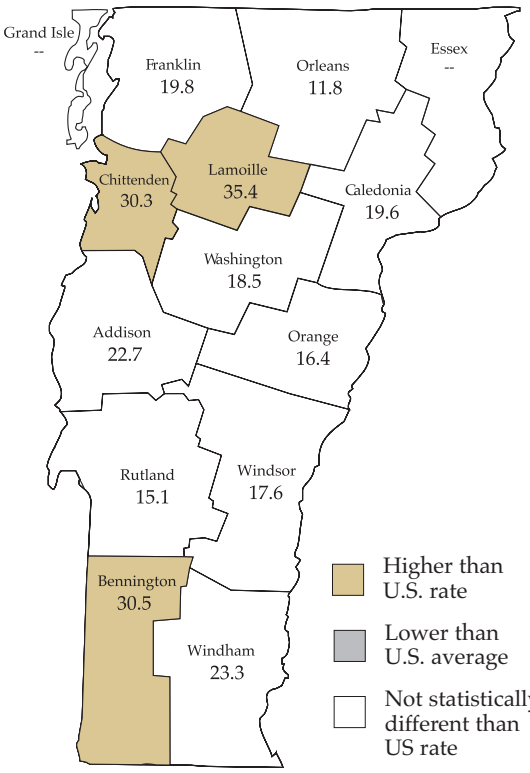
MELANOMA
In Vermont

affects people of all age groups and is one of the most common cancers in adults aged 20 to 49. Some of the factors associated with an increased risk of developing melanoma are:

UV Radiation

Sources of UV radiation are natural and artificial sunlight, like tanning booths and sunlamps. Excessive exposure to UV radiation places a person at greater risk for melanoma.

Melanoma Incidence by County
per 100,000 females, 1997-2001



Fair Skin

In the U.S., rates are more than 10 times higher in whites than in African Americans. People with fair skin, red or blonde hair, or who burn easily are at greater risk for melanoma.

Unusual Moles

Having an atypical mole increases a personís risk for melanoma. Most people have moles, and almost all moles are harmless. An atypical moles' appearance is different from common moles. They are generally larger than ordinary moles and have irregular and indistinct borders. Their color is frequently not uniform and the texture is usually flat but may be raised above the skin surface.

> It is important to watch for changes in a mole such as its size, shape, or color that suggest a melanoma may be developing.

Be sure to show your doctor any area that concerns you. Having many moles (greater than 50) can increase a person's risk for melanoma.

Family or Personal History:

Approximately 10 percent of people with melanoma have a mother, father, brother, sister, or child with melanoma. This could be due to shared lifestyles of family members or a shared genetic susceptibility. Being treated for a previous melanoma puts a person at a greater risk of developing a second melanoma.

MELANOMA
In Vermont

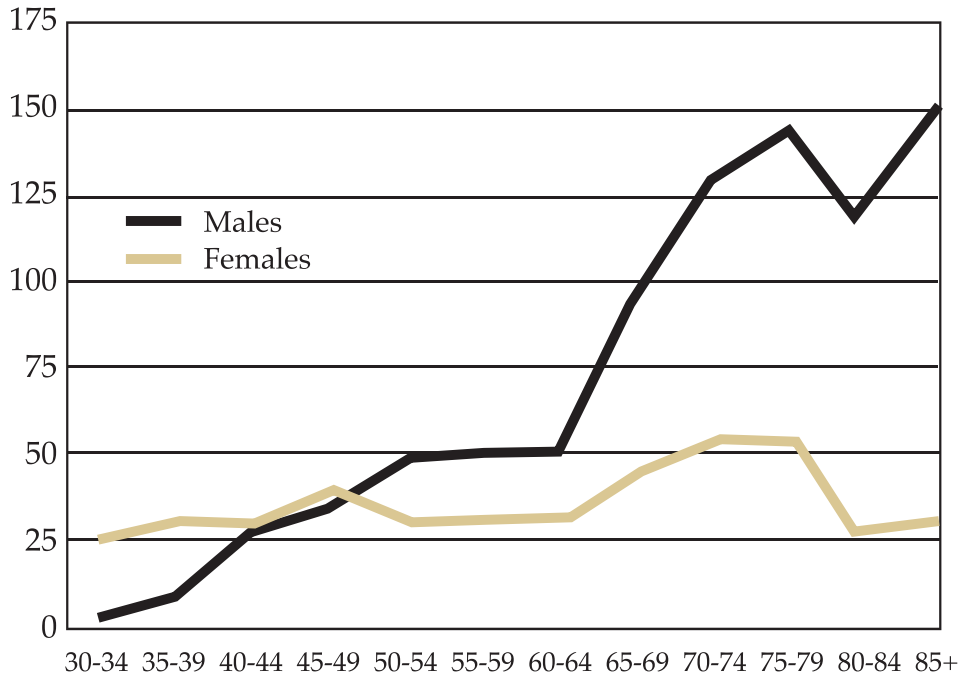
Prevention and Screening

Reducing exposure to ultraviolet (UV) radiation, such as from the sun and tanning booths, can decrease the incidence of skin cancer. Ways to protect yourself from UV rays:

- Limit direct sun exposure during midday. Plan activities out of the sun during 11 am and 3 pm.
- Cover up. Wear protective clothing (such as long sleeves and hats) when exposed to sunlight.
- Wear a hat. A hat with at least a 2- to 3-inch brim all around is ideal.
- Use a sunscreen with a Sun Protection Factor (SPF) of 15 or higher; use it regularly and properly.
- Wear sunglasses that block UV rays.
- Avoid tanning beds and sunlamps.

Skin cancer is largely preventable when sun protective practices and behaviors are consistently used. The 2001 Vermont Behavioral Risk Factor Surveillance

MELANOMA INCIDENCE BY AGE
per 100,000 Vermonters, 1997-2001



MELANOMA
In Vermont

MELANOMA IN VERMONT COMPARED TO U.S.

Age-Adjusted rates of melanoma, Vermont and the U.S., 1997-2001

	Incidence	Mortality
VT Males	30.1 *(27.2, 33.2)*	4.8 *(3.7, 6.2)*
U.S.	26.3	4.3
VT Females	22.5 *(20.3, 25.0)*	1.6 *(1.1, 2.4)*
U.S.	18.1	2.0

System Data show that of Vermonters age 18 and over:

- 76 percent of adults use at least one protective measure to decrease their risk of skin cancer. (Goal: 75 percent)
- 80 percent of women, and only 71 percent of men, use at least one protective measure to decrease their risk of skin cancer.

Experts do not agree whether to recommend routine screening for skin cancer by total skin examination. Generally, it is recommended that people with risk factors talk with their physician about skin cancer, the symptoms to watch for, and a schedule for checkups.

PROSTATE CANCER

In Vermont

In the United States and Vermont, prostate cancer is the most commonly diagnosed cancer in men. In Vermont, prostate cancer is the second leading cause of death due to cancer, representing 32 percent of all cancer deaths in men.

> A man's risk of developing prostate cancer in his lifetime is one in six.

Prostate cancer is a disease in which malignant cells form in the prostate, a gland in the male reproductive system, normally about the size of a walnut, which is located just below the bladder and in front of the rectum.

Incidence

Each year in Vermont, approximately 445 prostate cancer cases are diagnosed in men.

Mortality

Each year, approximately 205 men die from prostate cancer in Vermont.

Vermont vs. U.S.

Prostate cancer incidence and mortality rates for Vermont men are not significantly different compared to U.S. white men.

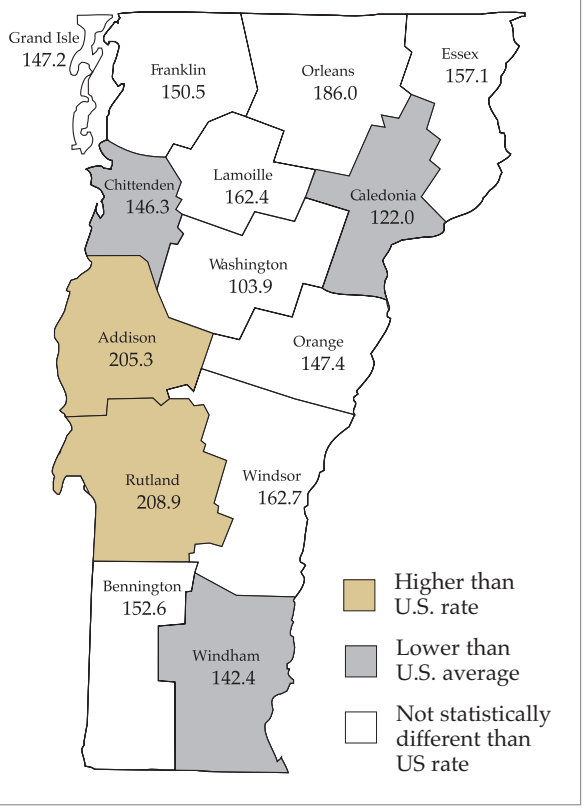
Yearly Trends

In the United States, while the mortality rate of prostate cancer has decreased significantly from 1997-2001, there has been no significant change in prostate cancer incidence. In Vermont, there has been no significant change in prostate cancer incidence or mortality.

Age

The incidence of prostate cancer increases dramatically with age. In Vermont, approximately 65 percent of all prostate cases are diagnosed in men 65 and older. Men aged 75-79 have the highest age-specific incidence of prostate cancer, at a rate of 1050.4 per 100,000. Vermont men aged 50-54 have a significantly higher prostate cancer incidence rate compared to the U.S. male white rate. Vermont men aged 80-84 have a significantly lower prostate cancer incidence

Prostate Incidence by County
per 100,000 males, 1997-2001

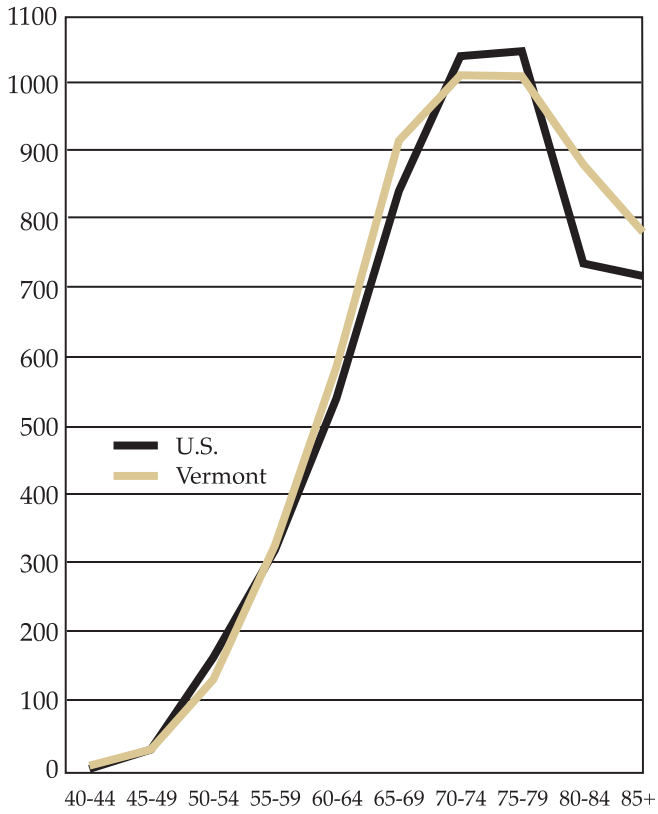


PROSTATE CANCER
In Vermont

rate compared to the U.S. male white rate.

County
Prostate cancer incidence rates for men in Addison and Rutland County are significantly higher than the U.S. male white rate. The prostate cancer incidence rates for men in Caledonia, Chittenden, and Windham County are significantly lower than the U.S. male white rate.

PROSTATE CANCER INCIDENCE BY AGE
per 100,000 men, 1997-2001



Risk Factors
The causes of prostate cancer are not well understood, however, certain risk factors are linked to the disease.

Age
The chance of getting prostate cancer goes up as a man gets older. Nationally, about two out of every three prostate cancers are diagnosed in men over the age of 65.

Race
For unknown reasons, prostate cancer is more common among African-American men than among white men. African-American men are twice as likely to die of the disease. Prostate cancer occurs less often in Asian men than in whites.

Nationality
Prostate cancer is most common in North America and northwestern Europe. It is less common in Asia, Africa, Central and South America.

Family History
Men with close family members (father or brother) who have had prostate cancer are more likely to develop it themselves, especially if their relatives were young when they got the disease.

Diet
Men who eat a lot of red meat or high-fat dairy products seem to have a greater chance of getting prostate cancer.

PROSTATE CANCER
In Vermont

Prevention and Screening

Some men with risk factors may never develop prostate cancer, while others without any known risk factors may develop the disease. There is still a significant amount of research being conducted to better understand risk factors associated prostate cancer and how it may be prevented.

> Medical experts disagree about whether regular screening for prostate cancer is recommended. However, they do agree that all men should receive all available information on the pros and cons of prostate cancer screening before making an informed decision.

Medical experts who encourage regular screening believe current scientific evidence shows that finding and treating prostate cancer early, when treatment might be more effective, may save lives. These experts recommend that all men with a life expectancy of at least 10 or more years should be offered the prostate specific antigen (PSA) test and a digital rectal exam (DRE) annually beginning at age 50. They also recommend offering earlier screening tests to black men, and men who have a father or brother with prostate cancer. A biopsy is the only procedure that can definitively diagnose prostate cancer and is performed when screening tests indicate.

Medical experts who do not recommend regular screening want convincing evidence that finding early-stage prostate cancer and treating it, saves lives. They believe that some of these cancers may never affect a man's health and treatment could cause temporary or long-lasting side effects.

PROSTATE CANCER IN VERMONT COMPARED TO U.S.

Age-adjusted rates of male prostate cancer, Vermont and the U.S., 1997-2001

	Incidence	Mortality
Vermont	164.5 *(157.7, 171.7)*	30.4 *(27.1, 34.0)*
U.S.	171.2	28.9

PROSTATE CANCER INCIDENCE AND MORTALITY

per 100,000 men, 1997-2001